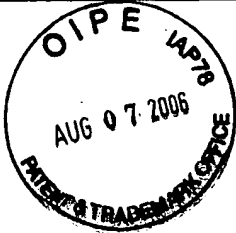



<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) 2183-7195US (LP/P21306US00)
	In re Application of Anthonius J. Swaak	
	Application Number 08/817,704	Filed August 25, 1997
	For USE OF ERYTHROPOIETIN IN THE TREATMENT OF RHEUMATOID ARTHRITIS	
	Group Art Unit 1644	Examiner G. Ewoldt
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))  <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))  <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))         </div> <div style="width: 25%; text-align: right;">           \$ _____  <b>\$450.00</b>            \$ _____            \$ _____            \$ _____         </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.  <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.  <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.  <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1469</u>.          I have enclosed a duplicate copy of this sheet.       </div> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <div style="margin-left: 40px;"> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71          Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  <input checked="" type="checkbox"/> attorney or agent of record.  <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).  <small>Registration number if acting under 37 CFR 1.34(a).</small> </div> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;"> <p style="text-align: center;">August 7, 2006</p> <hr style="width: 80%; margin: 0 auto;"/> <p style="text-align: center;">Date</p> </div> <div style="width: 55%; text-align: right;">   <hr style="width: 80%; margin: 0 auto;"/> <p style="text-align: center;">Signature</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <p style="text-align: center;">Krista Weber Powell, Reg. No. 4786704</p> <hr style="width: 80%; margin: 0 auto;"/> <p style="text-align: center;">Typed or printed name</p> </div> <div style="width: 35%; text-align: right;"> <p>450.00 DP</p> </div> </div>		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		
<input type="checkbox"/> *Total of _____ forms are submitted.		
<b>CERTIFICATE OF MAILING</b>		
Express Mail Label Number: <u>EV827469868US</u>		
Date of Deposit: <u>August 7, 2006</u>		
Person Making Deposit: <u>Brett Hooke</u>		